

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90174 006 ***158.75

DOCUMENT # P02000049664

1. Entity Name
BOLDRIDGE INCORPORATED



Principal Place of Business
3705 SW 27 STREET #626
GAINESVILLE FL 32608

Mailing Address
3705 SW 27 STREET #626
GAINESVILLE FL 32608

2. Principal Place of Business

1555 NE 121st ST

Suite, Apt. #, etc.

#301

City & State

North Miami, FL

Zip

33161

Country

USA

3. Mailing Address

13155 Johns Island CT

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

312-0074286

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOLDRIDGE, TAMARA

3705 SW 27 STREET #626

GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Boldridge Tamara

Street Address (P.O. Box Number is Not Acceptable)

13155 Johns Island CT

City

Jacksonville

FL

Zip Code

32224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tamara Boldridge*
Signature, typed or printed name of registered agent and title if applicable.

Tamara Boldridge - Owner/President **03/19/2003**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BOLDRIDGE, TAMARA**
STREET ADDRESS **3705 SW 27 STREET #626**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Ms.** ☒ Change ☐ Addition
NAME **Boldridge Tamara**
STREET ADDRESS **13155 Johns Island CT.**
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara Boldridge* **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2003 **305-895-0613**
Date Daytime Phone #

CR2E034 (10/02)